PART B - FEE(S) TRANSMITTAL

Comple	te anç	send	this	form.	ogether	with	applicable	fee(s)	to:	<u>Ma</u>	l
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Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

below.

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All hother correspondence address as indicated unless contents below of infected otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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001095

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06/10/2004

NOVARTIS CORPORATE INTELLECTUAL PROPERTY ONE HEALTH PLAZA 430/2 **EAST HANOVER, NJ 07936-1080**

09/13/2004 RMEBRAH1 00000018 190134

01 FC:1501 02 FC:1504 1330.00 DA 300.00 DA

03 FC-8001

<u>30.00 DA</u>

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

See "Filing by Express Mail

CONFIRMATION NO.

(Signature)

(Date)

APPLICATION NO. 09/731.139

12/06/2000

Christiane Guitard

4-31268A

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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8688

TITLE OF INVENTION: USE OF ORGANIC COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FI	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	09/10/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
WEDDINGTON, KEVIN E		1614		514-255060		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names o agents O firm (hav agent) ar	inting on the patent front page, of up to 3 registered patent at DR, alternatively, (2) the name ving as a member a registered and the names of up to 2 registered are or agents. If no name is listed inted.	ttorneys or of a single attorney or ered patent	y D. Ferraro

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NOVARTIS AG

BASEL, SWITZERLAND

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☑ Issue Fee	☐ A check in the amount of the fee(s) is enclosed.					
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. 1 //	and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.					
(Authorized Signature)	(M) (Date) 9/9/04					
Gregory D . Ferraro Regis	(Date) 9/9/04 ration No. 36,134					

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Express Mail Label Number

September 9, 2004

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